



A Public Service Agency

APPLICATION FOR VEHICLE VERIFIER'S PERMIT

(Please Print or Type)

FOR DEPT. USE ONLY

PERMIT NUMBER ASSIGNED

ACR NUMBER

DATE TEMPORARY PERMIT ISSUED

DATE TEMPORARY PERMIT EXPIRES

APPLICATION FEE

☐ Original \$93.00

☐ Reinstatement \$51.00

RECEIPT NUMBER

APPLICANT'S NAME AND ADDRESS: MUST BE FULL LEGAL NAME

NAME (FIRST, MIDDLE, LAST)

TELEPHONE NUMBER

()

MAILING ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

RESIDENCE ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

PHYSICAL DESCRIPTION

Sex Color Hair Color Eyes Height Ft. In. Weight Lbs.

APPLICANT'S CALIFORNIA DRIVER LICENSE NO.

EXPIRATION YEAR

BIRTHDATE

SOCIAL SECURITY NUMBER

Your social security number will be collected pursuant to 42 U.S.C. 405 and California Welfare and Institutions Code, Section 11350.6. It is used in the administration of Occupational License laws and to respond to requests for information from an agency operating pursuant to 42 U.S.C. 651, et seq. The social security number is used to maintain a numerical identification system to determine eligibility for issuance and renewal of an Occupational License subject to Divisions of the California Vehicle Code and to aid in the collection of monies owed by an applicant in connection with Child Support and Establishment of Paternity programs.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of an application for issuance or renewal of an Occupational License or permit.

EMPLOYED BY: (Information provided must be the same as Employer's License)

FIRM NAME

TELEPHONE NUMBER

FIRM LICENSE NUMBER

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FIRM ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

IMPORTANT — READ CAREFULLY: Before you submit this application, be sure that:

1. It is complete and accurate.
2. The Personnel History Questionnaire and one Fingerprint Card have been completed and are attached.
3. A Surety Bond in the amount of \$5,000.00 written in your name only is attached.
4. A ninety three dollar (\$93) application and permit fee is included. (Includes \$42.00 fee for processing of fingerprint card through Department of Justice.)

THE ABOVE ITEMS MUST BE FULLY COMPLETED BEFORE YOU SUBMIT THEM TO YOUR LOCAL DEPARTMENT OF MOTOR VEHICLES INSPECTOR'S OFFICE.

CERTIFICATION BY APPLICANT

EXECUTED IN THE COUNTY OF

DATE

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

APPLICANT'S SIGNATURE

DATE

X



PERMIT NUMBER
NAME

**TO BE REVIEWED AND SIGNED IN THE PRESENCE OF A
DEPARTMENT OF MOTOR VEHICLES INSPECTOR UPON CERTIFICATION BY APPLICANT
FOR VEHICLE VERIFIER'S PERMIT:**

1. I am familiar with the rules and regulations governing a Vehicle Verifier as stated in Chapter 2 (commencing with Section 11300) OR Division 5 of the California Vehicle Code.
2. I am familiar with the location of vehicle engine, frame and vehicle identification number (VIN), and know which of these numbers is the correct vehicle identification number.
3. I will personally inspect each engine, frame and/or vehicle identification number (VIN) of the vehicle being verified.
4. I will note whether each letter and/or number is either the original factory stamped number or a number stamped as authorized by the Department of Motor Vehicles and whether each letter and number is legible.
5. I will report in detail, any irregularity in an engine, frame or vehicle identification number (VIN) to the Department of Motor Vehicles.
6. I will familiarize myself with vehicle verification forms, insuring that each form I complete is legible and contains my signature and Permit number.
I will maintain a record of each verification made, the record shall contain:
 - a. The name and address of the person requesting the verification.
 - b. The fee charged for such verification.
 - c. The year model, vehicle identification number (VIN), license plate number of the vehicle verified.
 - d. The state in which the vehicle was last registered.
7. In the event of any change in employer or residence address, I will immediately notify the Department of Motor Vehicles, Licensing Operations Division, P.O. Box 932342, MS N224, Sacramento, CA 94232-3420 in writing. This notification must show my signature and Permit number.

**FAILURE TO MEET AND COMPLY WITH THE ABOVE REQUIREMENTS CONSTITUTES
CAUSE FOR DENIAL OR REVOCATION OF A VERIFIER'S PERMIT**

APPLICANT'S SIGNATURE	DATE
WITNESSED BY (DMV INSPECTOR)	DATE

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

Applicant Initials _____

PERMIT NUMBER
NAME

RECOMMENDATION

I certify that I have been advised of the requirements pertinent to the occupational license for which I have applied, including the regulations and Vehicle Code sections. **Applicant Initials** _____

I certify that this applicant has been advised of the requirements pertinent to the occupational license for which applied and that I have examined this application and found it to be complete. I recommend that the permit be:

- ☐ Issued ☐ Denied (If denial recommended, attach full justification.)
- ☐ Referred to Manager, Occupational Licensing Branch, for evaluation and determination (attach report).

NAME	OFFICE
SIGNATURE	DATE

SUPERVISOR'S RECOMMENDATION

I certify that I have carefully reviewed this application and all of its enclosures, and I recommend that the permit be:

- ☐ Issued (unless precluded by criminal conviction or prior administrative action).
- ☐ Denied (If denial recommended, attach full justification.)
- ☐ Referred to Manager, Occupational Licensing Branch, for evaluation and determination (attach report).

NAME	OFFICE
SIGNATURE	DATE

ISSUANCE DATE (To be completed by Occupational Licensing Branch)

- ☐ Approved ☐ Denied

PERMIT NUMBER	DATE
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REASON